

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
District of Hayden
Town of Hayden
or
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156
County Registrar No. _____
Local Registrar No. 381

2. Full name of child Carlos Flores
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth April 14 1927
Month Day Year

8. FATHER
Full name Francisco Flores
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

14. MOTHER
Full maiden name Paz Munchoga
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state Ariz

10. Color or race Mex
11. Age at last birthday 28 (Years)

16. Color or race Mex
17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Concepcion
(State or country) San Mex

18. Birthplace (city or place) Campesina
(State or country) San Mex

13. Occupation Laborem
Nature of industry

19. Occupation H.B.
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 11:20 m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. Huchins MD
(Physician or midwife)
Address Hayden

Given name added from a supplemental report _____
Month, day, year _____
Filed Apr 16, 1927 W.D. Quail
Local Registrar.

Registrar

Filed _____, 19 _____
County Registrar.

362-414-741